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Docket No. 62682/JPW/PT

TECH CENTER 1600/2900

Continuation-in-part application of: Paul E. Harris and Charles Hesdorffer

Serial No.: 09/726,883

Examiner: G. R. Ewoldt

Filed: November 30, 2000

Group Art Unit: 1644

For: GROWTH OF HUMAN DENDRITIC CELLS FOR CANCER IMMUNOTHERAPY IN
CLOSED SYSTEM USING MICROCARRIER BEADSCOMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

October 30, 2003

S I R:

Transmitted herewith is an amendment to the above-identified
applications.

Small entity status of this application under 37 C.F.R. § 1.27
has been established by a verified statement previously
submitted.

a verified statement to establish small entity status under
37 C.F.R. § 1.27 is enclosed.

☒ No additional fee is required.

The filing fee is calculated as follows:

| | NUMBER AFTER AMEND- MENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | NUMBER OF EXTRA CLAIMS PRESENTED | | RATE | | FEE | |
|--|-----------------------------------|---|---|---|---|---|---------------------------------|-----------------|-----------------|-----------------|
| | | | | | | | SMALL ENTITY | OTHER ENTITY | SMALL ENTITY | OTHER ENTITY |
| Total Claims | 11 | - | * 20 | = | *** 3 | X | 9 | 18 | = | 0 |
| Indepen- dent Claims | 3 | - | ** 3 | = | *** 0 | X | 43 | 86 | = | 0 |
| Multiple Dependent Claim(s) Presented _____ Yes _____ X No For First Time: | | | | | | | 140 | 280 | | 0 |
| | | | | | | | TOTAL ADDITIONAL FEE \$ 0.00 | | | |

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than
20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than
3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and
the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than
"0", write "0" in the space.

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The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment of the number of claims as originally filed.

_____ Please charge Deposit Account No. _____
In the amount of \$ _____.


_____ A check in the amount of \$ _____ is enclosed.

 X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three Copies of this sheet are enclosed.

 X Any filing fees under 37 C.F.R. \$1.16 for the presentation of extra claims.

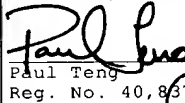
 X Any patent application processing fees under 37 C.F.R. \$1.17.

Respectfully submitted,



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I hereby certify that this correspondence is being transmitted by facsimile transmission this date and is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

 October 30, 2003
Paul Teng Date
Reg. No. 40,837